Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection				of information unless if	displays a valid OMB control number.	
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Docket Number (Optional)		
FY 2009				199372005500		
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)						
Application Number 10/540,762				Filed	June 24, 2005	
For LIQUID TREATMENT APPARATUS AND LIQUID TREATMENT METHOD						
Art Unit 1792				Examiner	Sylvia MacArthur	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.						
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):						
_	<u>Fee</u>			Small Entity Fee		
L	One month (3	7 CFR 1.17(a)(1))	\$130	\$6 5	\$	
	Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$	
	X Three months	(37 CFR 1.17(a)(3))	\$1110	\$555	\$ 620 (bal.)	
	Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$	
	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$	
Applicant claims small entity status. See 37 CFR 1.27.						
A check in the amount of the fee is enclosed.						
Payment by credit card. Form PTO-2038 is attached.						
The Director has already been authorized to charge 2 month fees in this application to a Deposit Account.						
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to						
Deposit Account Number 03-1952 .						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
I am the applicant/inventor.						
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
	x attorr	ey or agent of record. Re	gistration Number	48,231		
attorney or agent under 37 CFR 1.34.						
Registration number if acting under 37 CFR 1.34						
Signature				March 12, 2009 Date		
Signature						
	Mehran Arjomand Typed or printed name				(213) 892-5630 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more						
than one signature is required, see below.						
	Total of	1 forms are subr	nitted.			